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Provider Training

Session: The Web Portal

Presenters: Chris Nguyen & Becky Boutilier

Washington State Department of Social & Health Services

Agenda

- Advantages
- Design
- Transactions
- Support
- Enrollment & Access
- Overview

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Advantages

- Internet-based application
- Allows for electronic business with WA State Medicaid
- Does not require a software download
- Supports small and large providers
- Free

Design

- **Basic Design Information**
  - 270/271
    - Allows for real-time eligibility information
  - 276/277
    - Allows for real-time claim status information
  - 278
    - Allows for Prior Authorization Requests in batch and single submission
  - 837 and 835 functionality coming soon!

Transactions

Transaction Code	Description
270/271: Health Care Eligibility/Benefit Inquiry and Information Response	The eligibility for a health plan transaction (270) is the transmission of an inquiry from a health care provider to a health plan, or from one health plan to another health plan, to obtain any of the following information about a benefit plan for an enrollee: a. Eligibility to receive health care under the health plan. b. Coverage of health care under the health plan. c. Benefits associated with the benefit plan. The eligibility transaction (271) is a response from a health plan to a health care provider's (or another health plan's) inquiry (270) as described above.
276/277: Claims Status Inquiry/Response	This transaction is used by a provider to request the status of the claim received by the payer's system with the 277response returning the status information of that claim.
277/275: Health Care Claim Request for Additional Information and Response	These transactions are not final rule at this time, but can be used, when indicated by trading partner agreement, by health plans to request additional information needed to adjudicate the claim with the 275 being the medium for returning that requested information. The 275 will also be used as a claims attachment to submit with the claim.

Transactions

Transaction Code	Description
277U: Claim Status for Pended Claims	This transaction will be used as a vehicle to report claims that have been received by the payers system, but are pended for review/adjudication
278: Health Care Services Review Request for Review and Response	The 278 transaction is the vehicle for submitting electronic requests for prior authorization for services and is also used in the response. This can also be used for referral processes, but Washington Medicaid does not do referrals.
820: Payment Order/Remittance Advice	The 820 transaction is used as the vehicle for transmitting payment information back to Health Plans for premium payments.
824: Application Error Advise	The 824 transaction allows computer-to-computer automated reporting of errors and enables automated response with required data when possible, also reducing processes by weeks
834: Benefit Enrollment and Maintenance	This transaction is used to transmit healthy options enrollment (including new enrollees, terminations, and current enrollees) to the health plans each month.

Transactions

Transaction Code	Description
835:Remittance Advice	The 835 remittance advice is used to report any payment or denial of claims submitted to health plans for payment.
837 P: Health Care Claim: Professional	This transaction is used to electronically transmit a claim used for billing payers for professional health care services.
837 I: Health Care Claim: Institutional	This transaction is used to electronically transmit a hospital claim used for billing payers for hospital claims including inpatient (S), outpatient (M), and Diagnosis Related Grouping (DRG) (R) claims. Washington Medicaid uses this transaction for home health claims as well.
837 D: Health Care Claim: Dental	This transaction is used to electronically transmit a dental claim used for billing payers for dental related services.
997: Functional Acknowledgement	This is a transaction used to electronically transmit an acknowledgement of receipt back to the submitter of a batch that their file was received and was either accepted into the receiver’s system or rejected/returned and why.

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Enrollment and Access

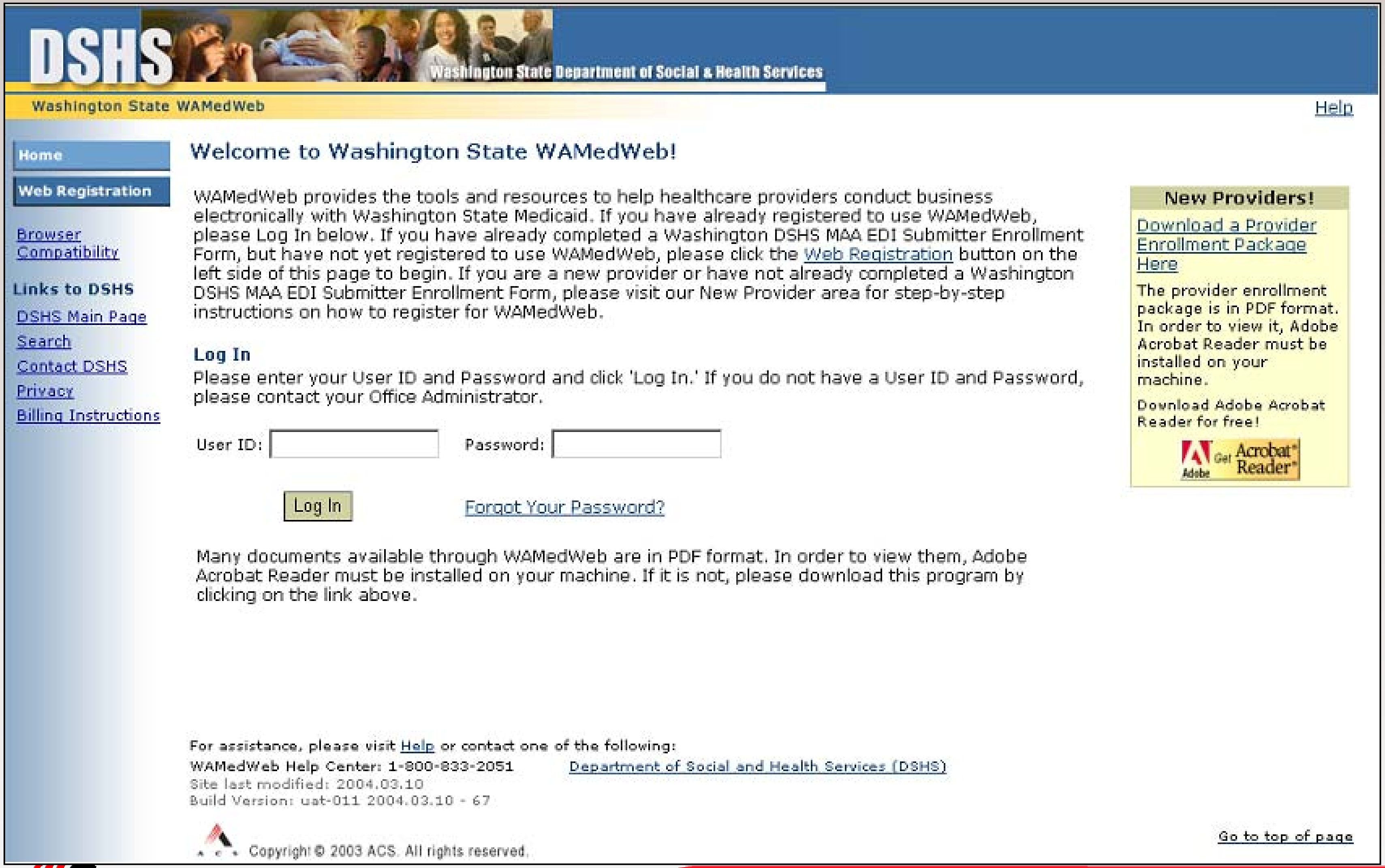
Enrollment

- http://www.acs-gcro.com/Medicaid_Accounts/Washington_State_Medicaid/washington_state_medicaid.htm

Access to WAMedWeb

- https://wamedweb.acs-inc.com/wa/general/home.do

Log In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Get Acrobat Reader
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Welcome to Washington State WAMedWeb!

WAMedWeb provides the tools and resources to help healthcare providers conduct business electronically with Washington State Medicaid. If you have already registered to use WAMedWeb, please Log In below. If you have already completed a Washington DSHS MAA EDI Submitter Enrollment Form, but have not yet registered to use WAMedWeb, please click the Web Registration button on the left side of this page to begin. If you are a new provider or have not already completed a Washington DSHS MAA EDI Submitter Enrollment Form, please visit our New Provider area for step-by-step instructions on how to register for WAMedWeb.

Log In

Please enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, please contact your Office Administrator.

User ID: ______ Password: ______

Many documents available through WAMedWeb are in PDF format. In order to view them, Adobe Acrobat Reader must be installed on your machine. If it is not, please download this program by clicking on the link above.

New Providers!

Download a Provider Enrollment Package Here

The provider enrollment package is in PDF format. In order to view it, Adobe Acrobat Reader must be installed on your machine.

Download Adobe Acrobat Reader for free!

For assistance, please visit Help or contact one of the following:

WAMedWeb Help Center: 1-800-833-2051 Department of Social and Health Services (DSHS)

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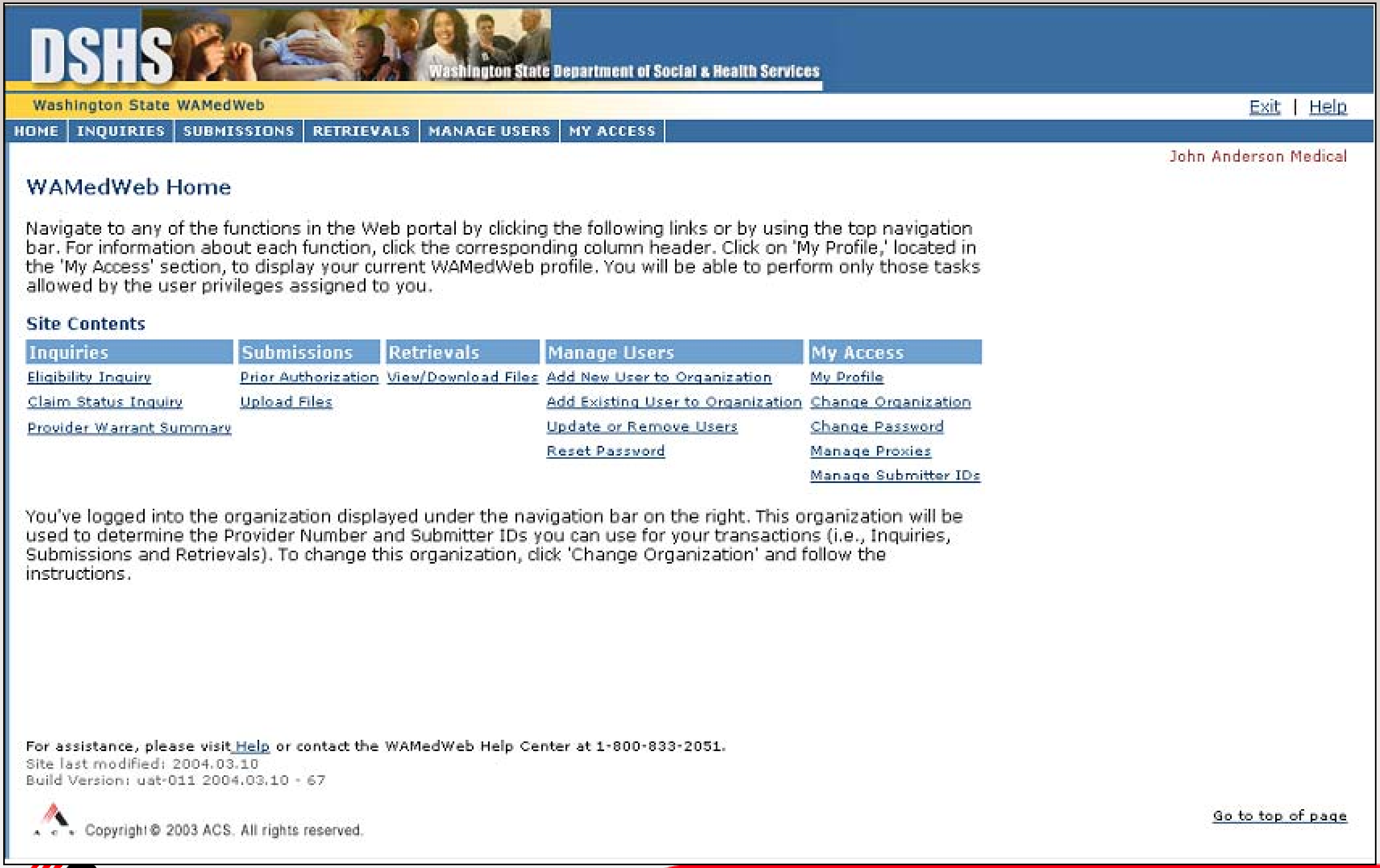
Home/Menu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WAMedWeb Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current WAMedWeb profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

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Provider Warrant Summary			Update or Remove Users	Change Password
			Reset Password	Manage Proxies
				Manage Submitter IDs

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

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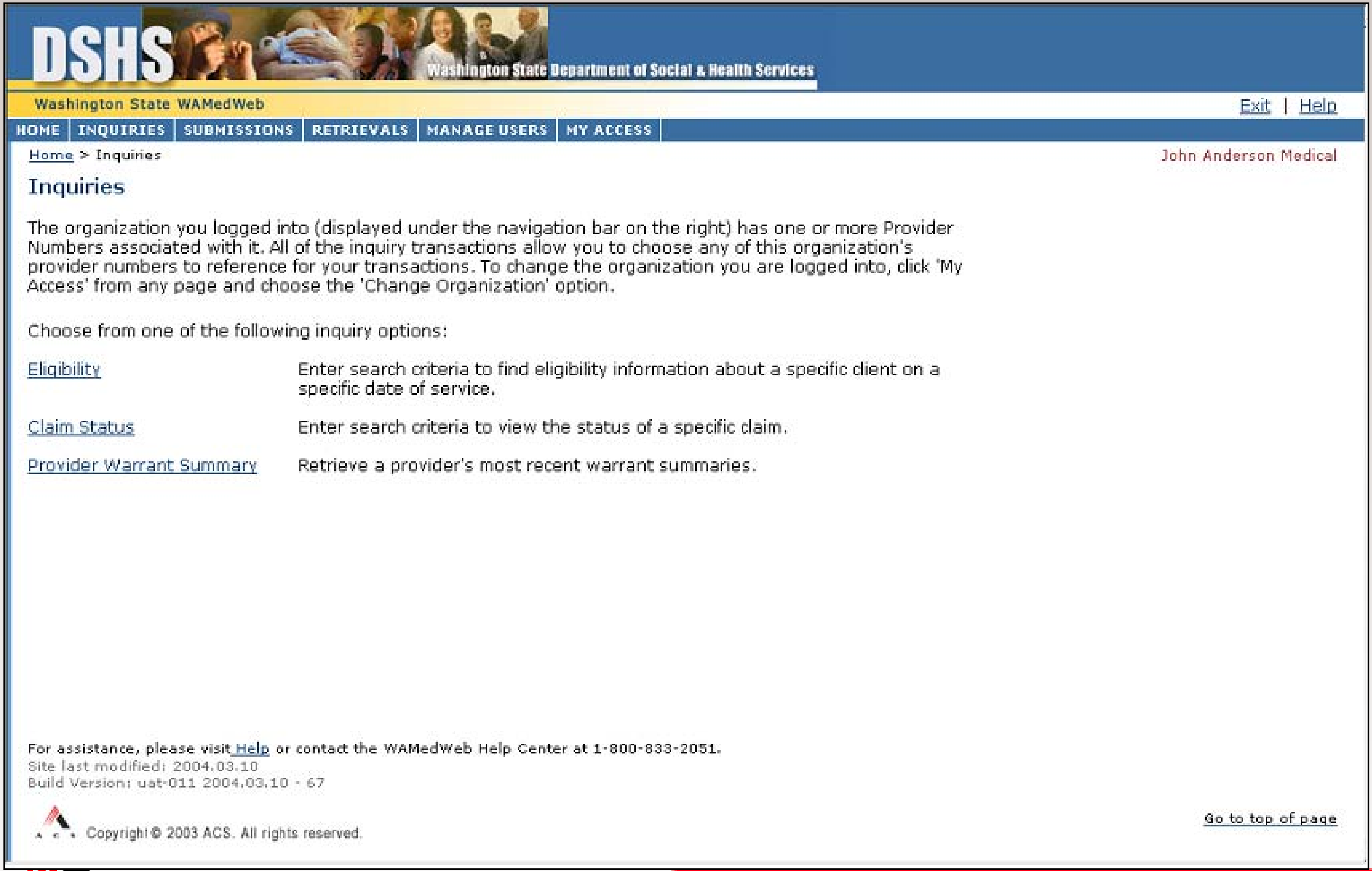
Inquiries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Inquiries

The organization you logged into (displayed under the navigation bar on the right) has one or more Provider Numbers associated with it. All of the inquiry transactions allow you to choose any of this organization's provider numbers to reference for your transactions. To change the organization you are logged into, click 'My Access' from any page and choose the 'Change Organization' option.

Choose from one of the following inquiry options:

Eligibility	Enter search criteria to find eligibility information about a specific client on a specific date of service.
Claim Status	Enter search criteria to view the status of a specific claim.
Provider Warrant Summary	Retrieve a provider's most recent warrant summaries.

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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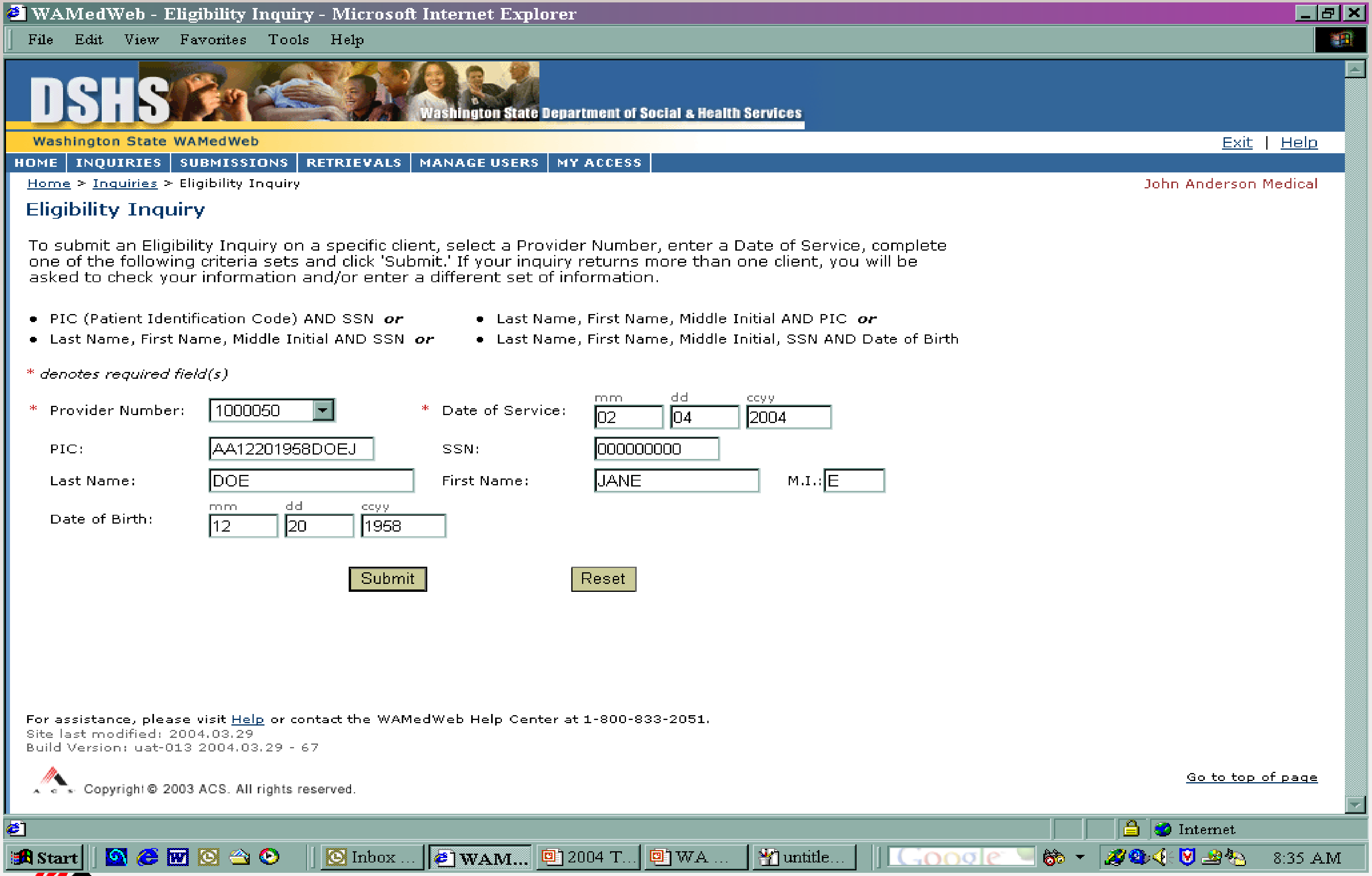
Eligibility Inquiry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Internet
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Inbox ...
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8:35 AM

Home > Inquiries > Eligibility Inquiry

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Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

- PIC (Patient Identification Code) AND SSN *or*
- Last Name, First Name, Middle Initial AND SSN *or*
- Last Name, First Name, Middle Initial AND PIC *or*
- Last Name, First Name, Middle Initial, SSN AND Date of Birth

* *denotes required field(s)*

* Provider Number: 1000050

* Date of Service: mm 02 dd 04 ccyy 2004

PIC: AA12201958DOEJ

SSN: 000000000

Last Name: DOE

First Name: JANE

M.I.: E

Date of Birth: mm 12 dd 20 ccyy 1958

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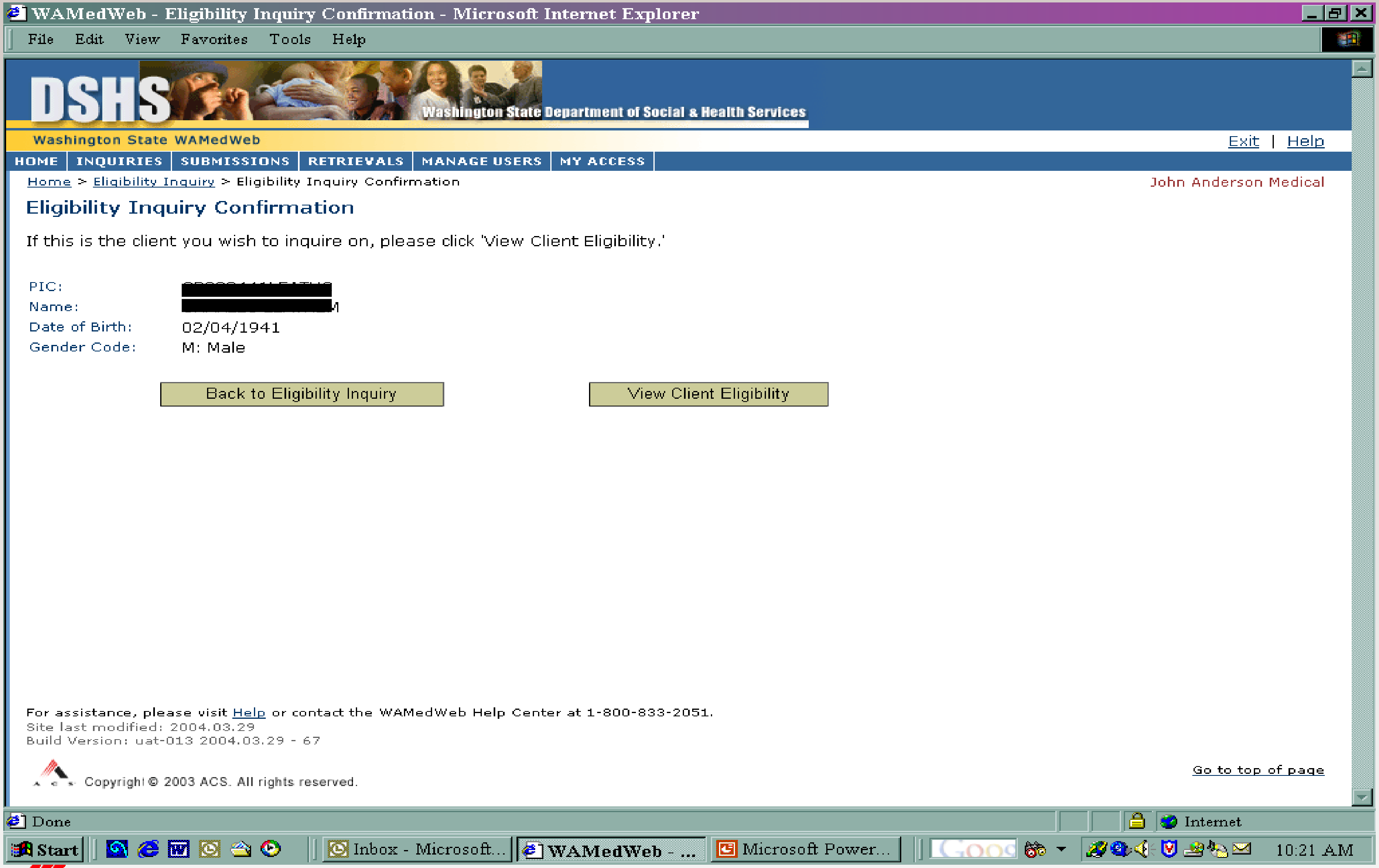
Eligibility Inquiry Confirmation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Done
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Microsoft Power...
10:21 AM

Home > Eligibility Inquiry > Eligibility Inquiry Confirmation

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Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, please click 'View Client Eligibility.'

PIC: [redacted]
Name: [redacted]
Date of Birth: 02/04/1941
Gender Code: M: Male

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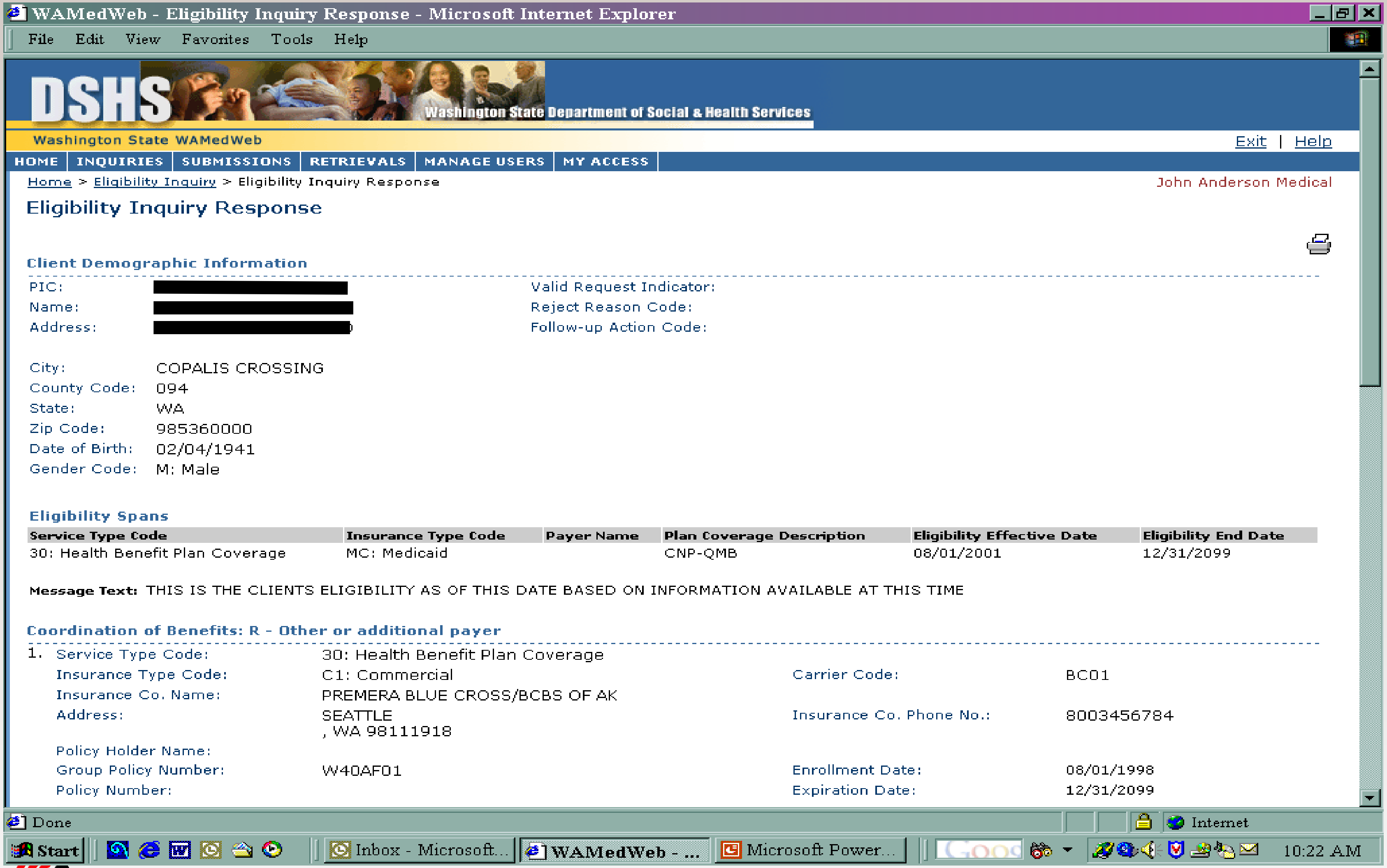
Eligibility Inquiry Response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Home > Eligibility Inquiry > Eligibility Inquiry Response

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Eligibility Inquiry Response

Client Demographic Information

PIC: [redacted]
Name: [redacted]
Address: [redacted]

Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:

City: COPALIS CROSSING
County Code: 094
State: WA
Zip Code: 985360000
Date of Birth: 02/04/1941
Gender Code: M: Male

Eligibility Spans

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid		CNP-QMB	08/01/2001	12/31/2099

Message Text: THIS IS THE CLIENTS ELIGIBILITY AS OF THIS DATE BASED ON INFORMATION AVAILABLE AT THIS TIME

Coordination of Benefits: R - Other or additional payer

1. Service Type Code: 30: Health Benefit Plan Coverage
   Insurance Type Code: C1: Commercial
   Carrier Code: BC01
   Insurance Co. Name: PREMERA BLUE CROSS/BCBS OF AK
   Address: SEATTLE
   , WA 98111918
   Insurance Co. Phone No.: 8003456784
   Policy Holder Name:
   Group Policy Number: W40AF01
   Enrollment Date: 08/01/1998
   Policy Number:
   Expiration Date: 12/31/2099

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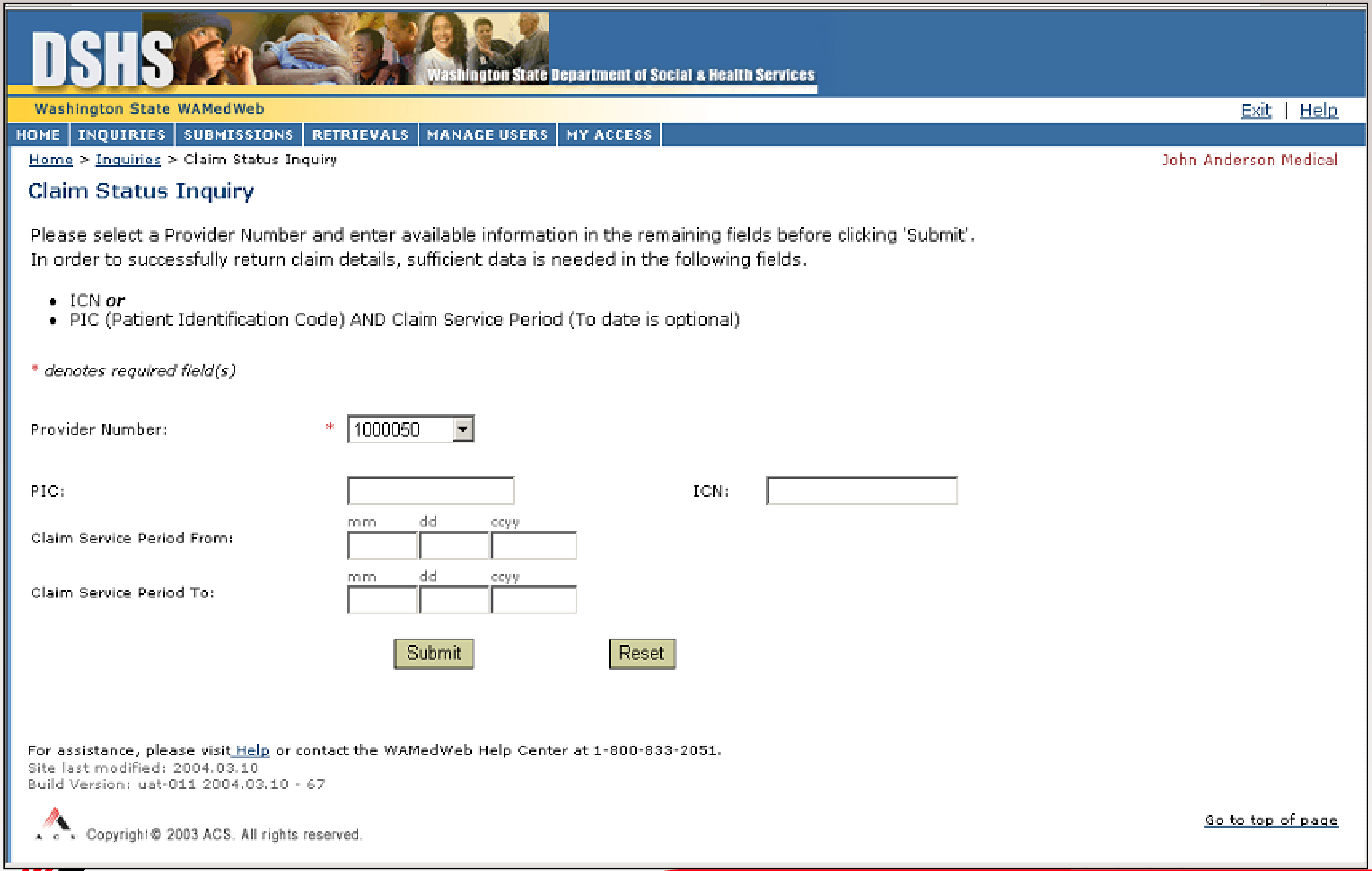
Claim Status Inquiry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Submit
Reset

Home > Inquiries > Claim Status Inquiry

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Claim Status Inquiry

Please select a Provider Number and enter available information in the remaining fields before clicking 'Submit'.
In order to successfully return claim details, sufficient data is needed in the following fields.

- ICN *or*
- PIC (Patient Identification Code) AND Claim Service Period (To date is optional)

* *denotes required field(s)*

Provider Number: * 1000050

PIC:

ICN:

Claim Service Period From: mm dd ccyy

Claim Service Period To: mm dd ccyy

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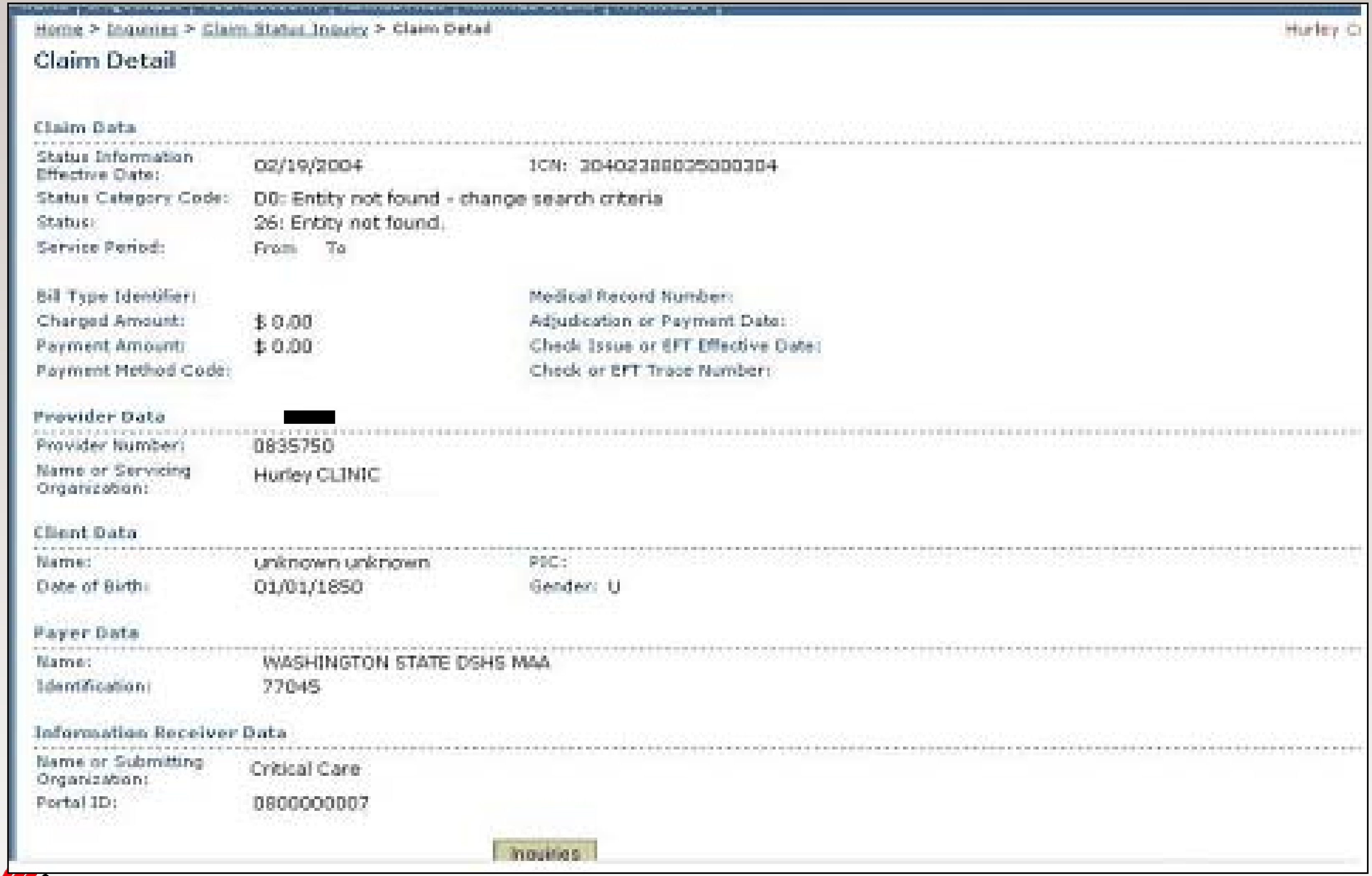
Claim Detail



Home > Inquiries > Claim Status Inquiry > Claim Detail

Hurley C

Claim Data

Status Information Effective Date:	02/19/2004	ICN:	20402280025000304
Status Category Code:	D0: Entity not found - change search criteria		
Status:	26: Entity not found.		
Service Period:	From To		
Bill Type Identifier:		Medical Record Number:	
Charged Amount:	$ 0.00	Adjudication or Payment Date:	
Payment Amount:	$ 0.00	Check Issue or EFT Effective Date:	
Payment Method Code:		Check or EFT Trace Number:	

Provider Data

[redacted]

Provider Number: 0835750

Name or Servicing Organization: Hurley CLINIC

Client Data

Name:	unknown unknown	PIC:	
Date of Birth:	01/01/1850	Gender:	U

Payer Data

Name: WASHINGTON STATE DSHS MAA

Identification: 77045

Information Receiver Data

Name or Submitting Organization: Critical Care

Portal ID: 0800000007

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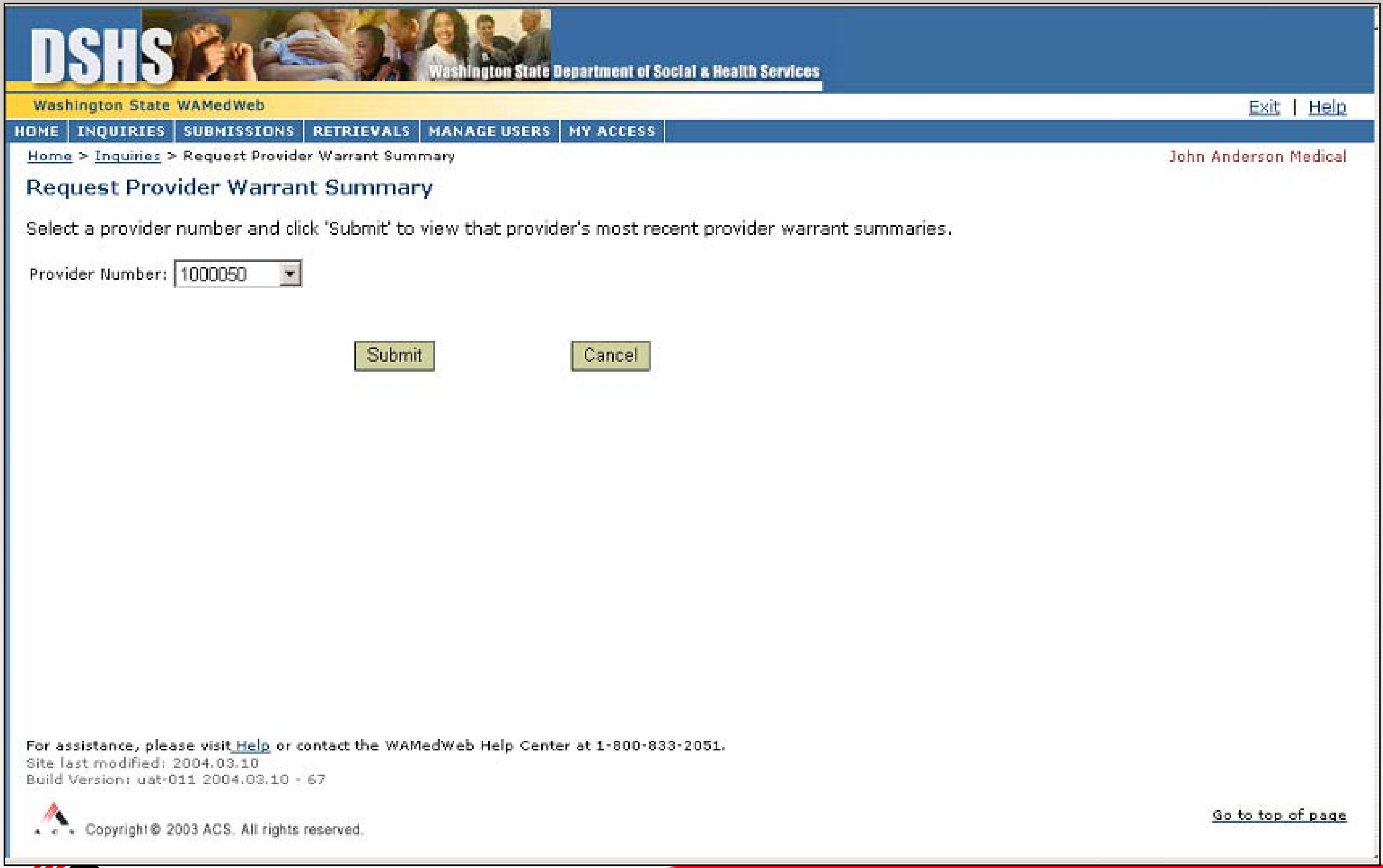
Request Provider Warrant Summary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Request Provider Warrant Summary

Select a provider number and click 'Submit' to view that provider's most recent provider warrant summaries.

Provider Number: 1000050

Submit
Cancel

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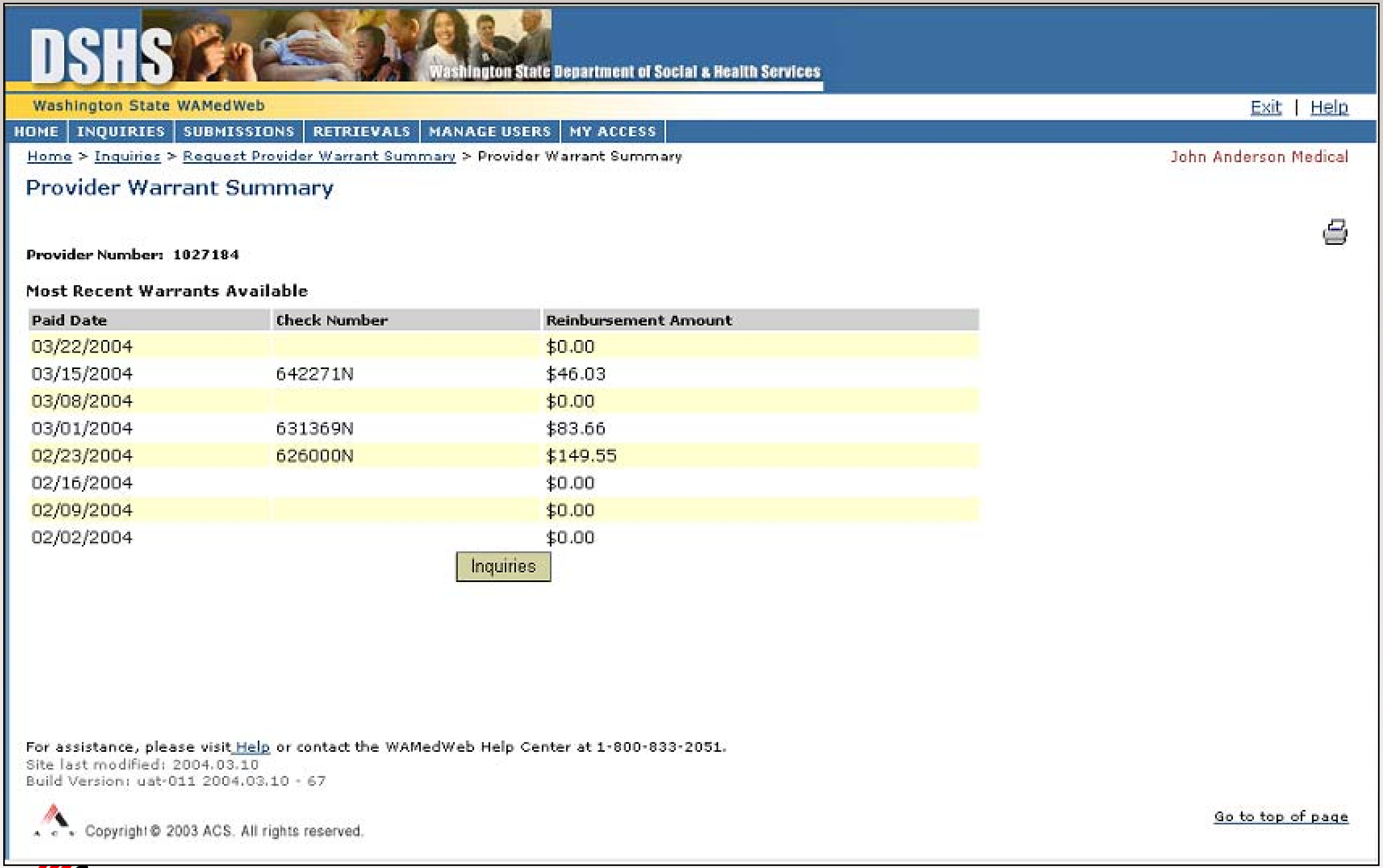
Provider Warrant Summary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Provider Warrant Summary

Provider Number: 1027184

Most Recent Warrants Available

Paid Date	Check Number	Reinbursement Amount
03/22/2004		$0.00
03/15/2004	642271N	$46.03
03/08/2004		$0.00
03/01/2004	631369N	$83.66
02/23/2004	626000N	$149.55
02/16/2004		$0.00
02/09/2004		$0.00
02/02/2004		$0.00

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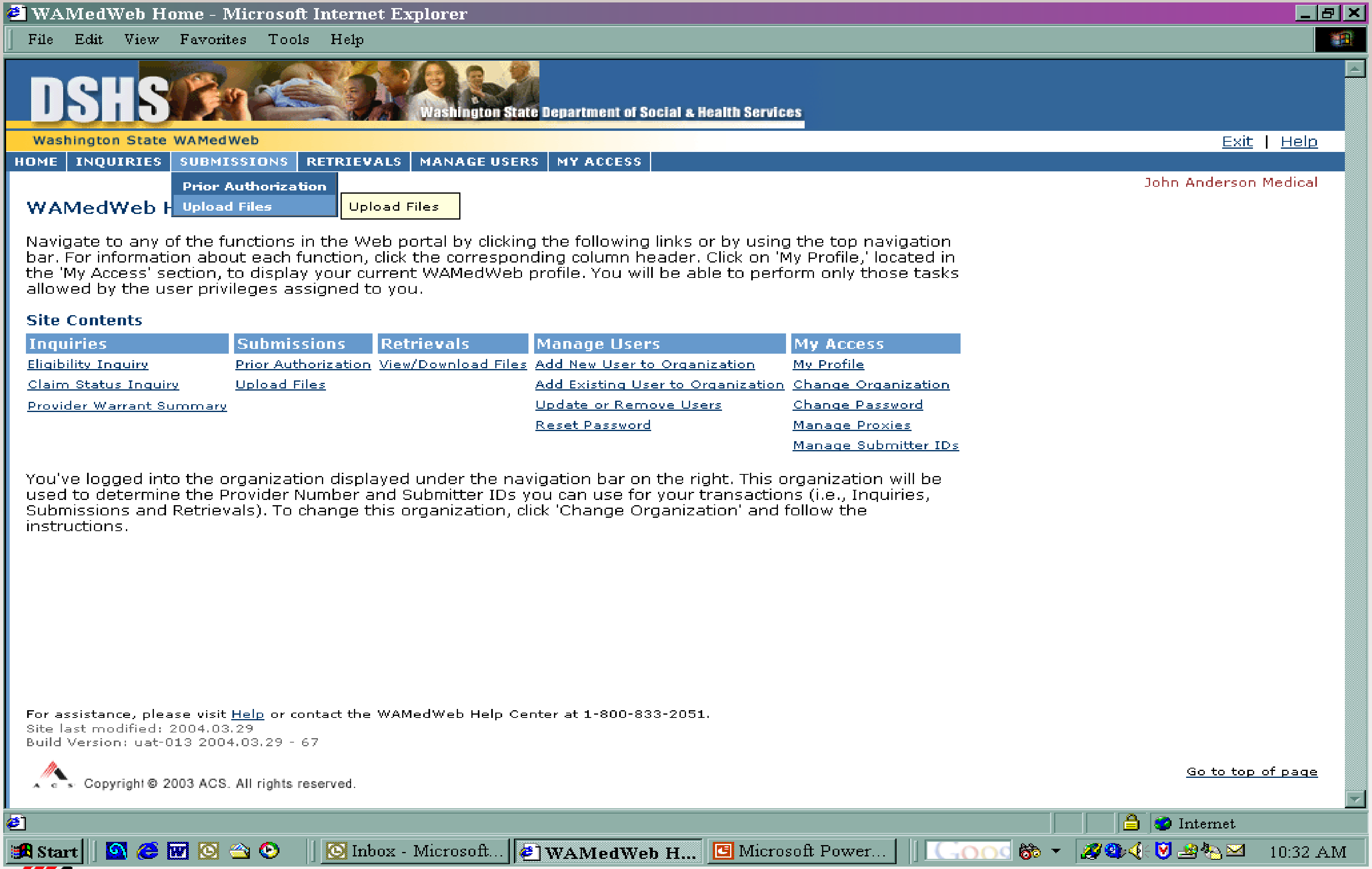
Submissions



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Prior Authorization
Upload Files
Upload Files

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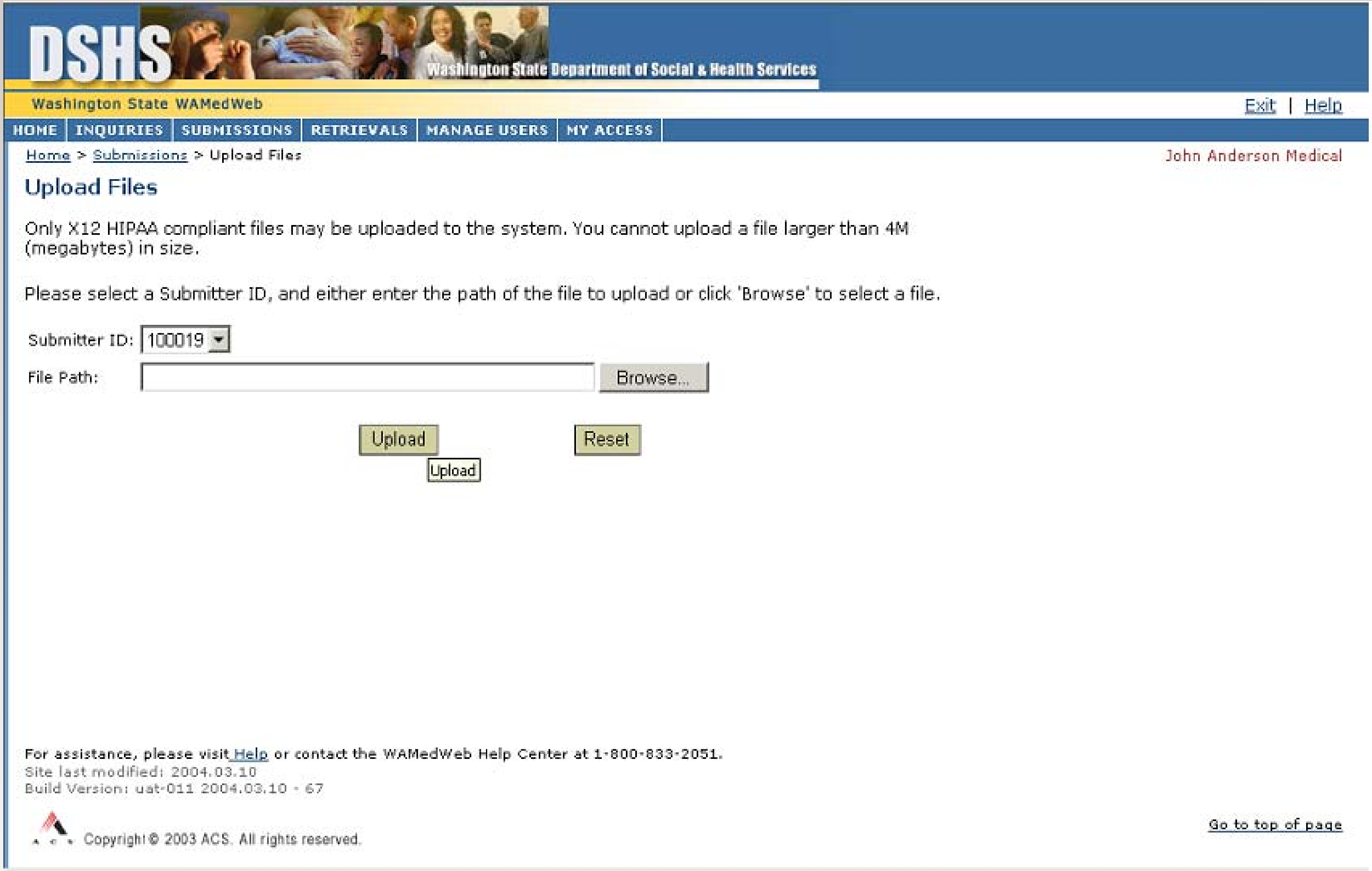
Upload Files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Upload Files

Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 4M (megabytes) in size.

Please select a Submitter ID, and either enter the path of the file to upload or click 'Browse' to select a file.

Submitter ID: 100019

File Path:

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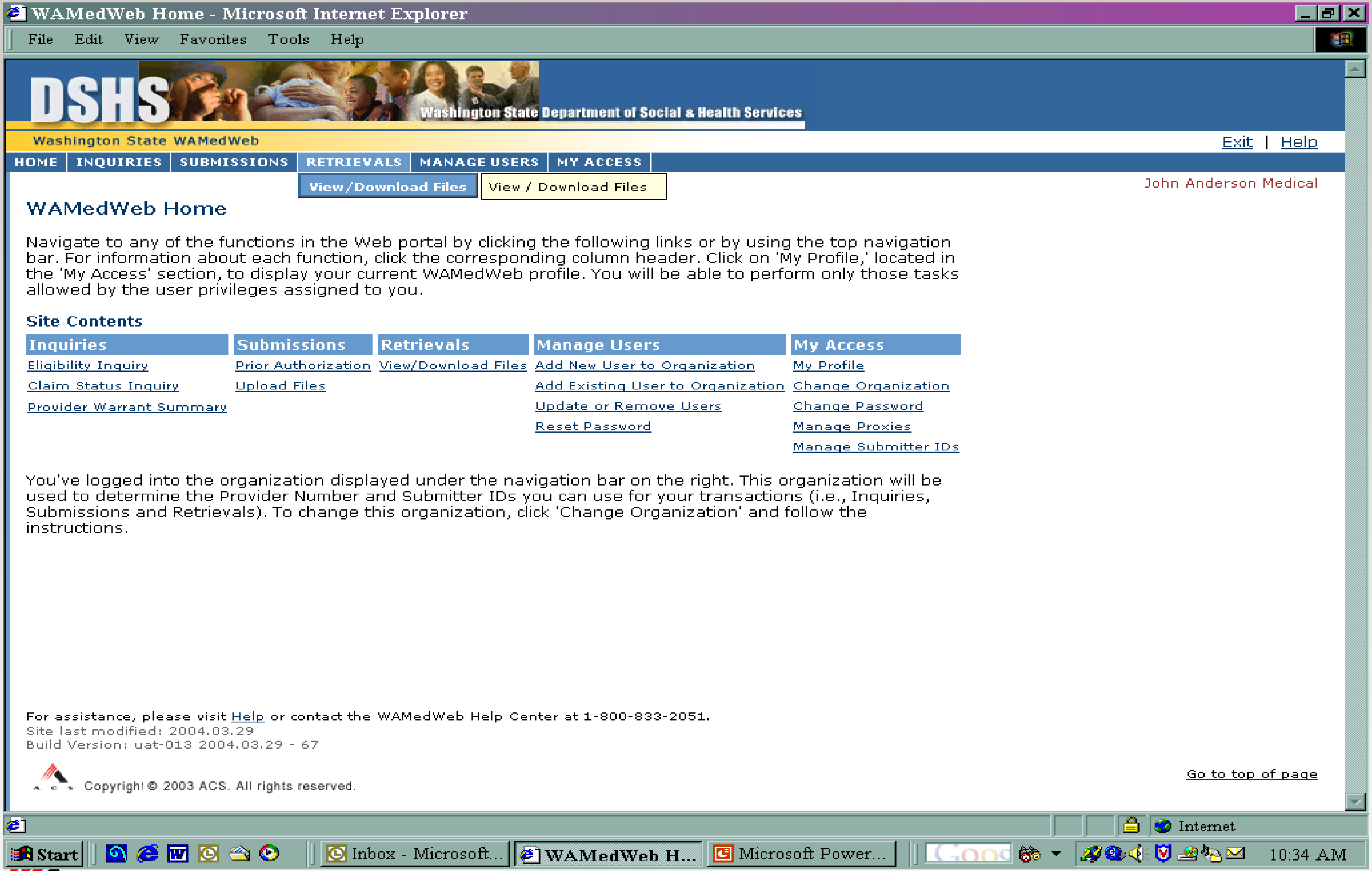
Retrievals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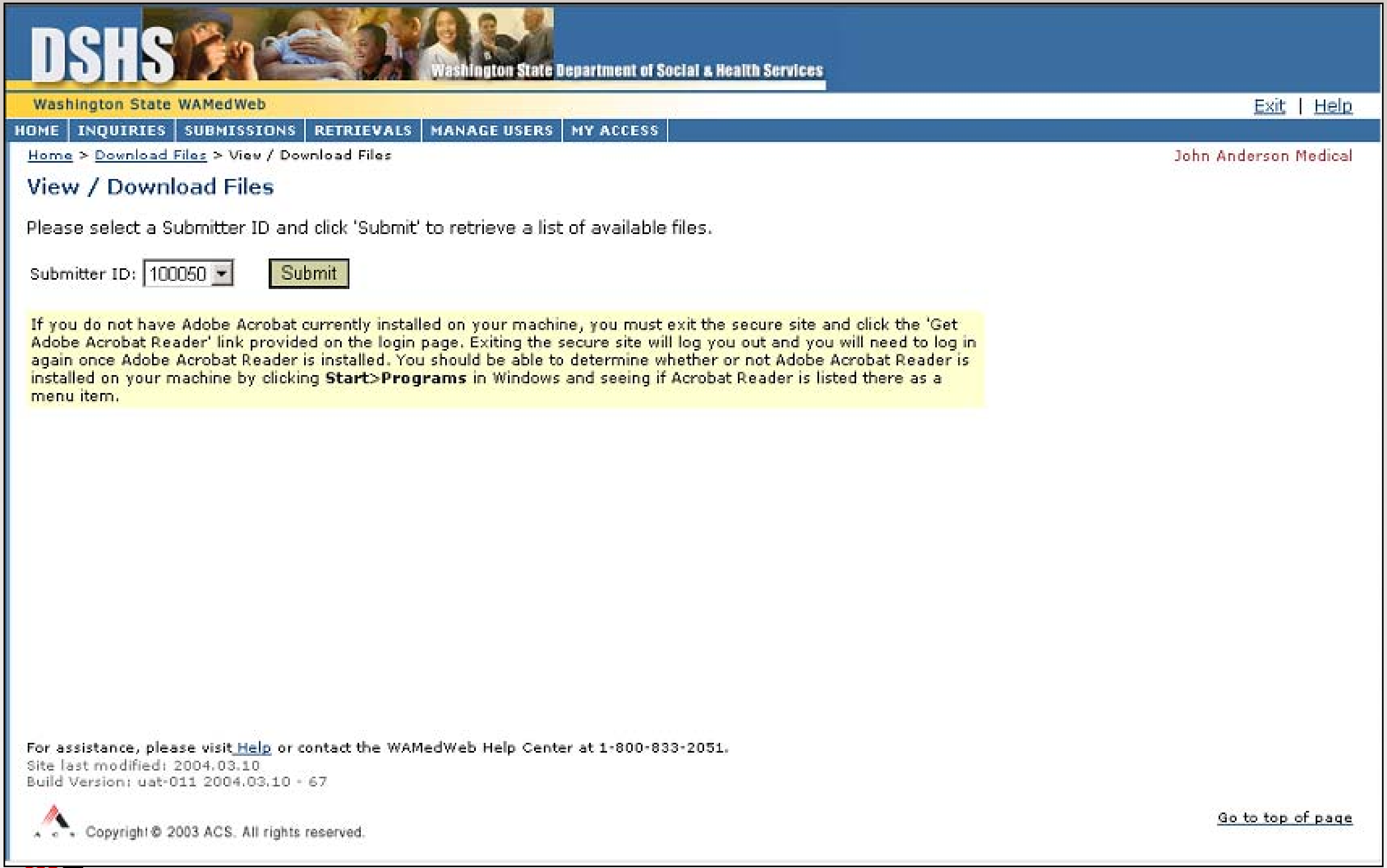
View/Download Files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View / Download Files

Please select a Submitter ID and click 'Submit' to retrieve a list of available files.

Submitter ID: 100050

Submit

If you do not have Adobe Acrobat currently installed on your machine, you must exit the secure site and click the 'Get Adobe Acrobat Reader' link provided on the login page. Exiting the secure site will log you out and you will need to log in again once Adobe Acrobat Reader is installed. You should be able to determine whether or not Adobe Acrobat Reader is installed on your machine by clicking **Start>Programs** in Windows and seeing if Acrobat Reader is listed there as a menu item.

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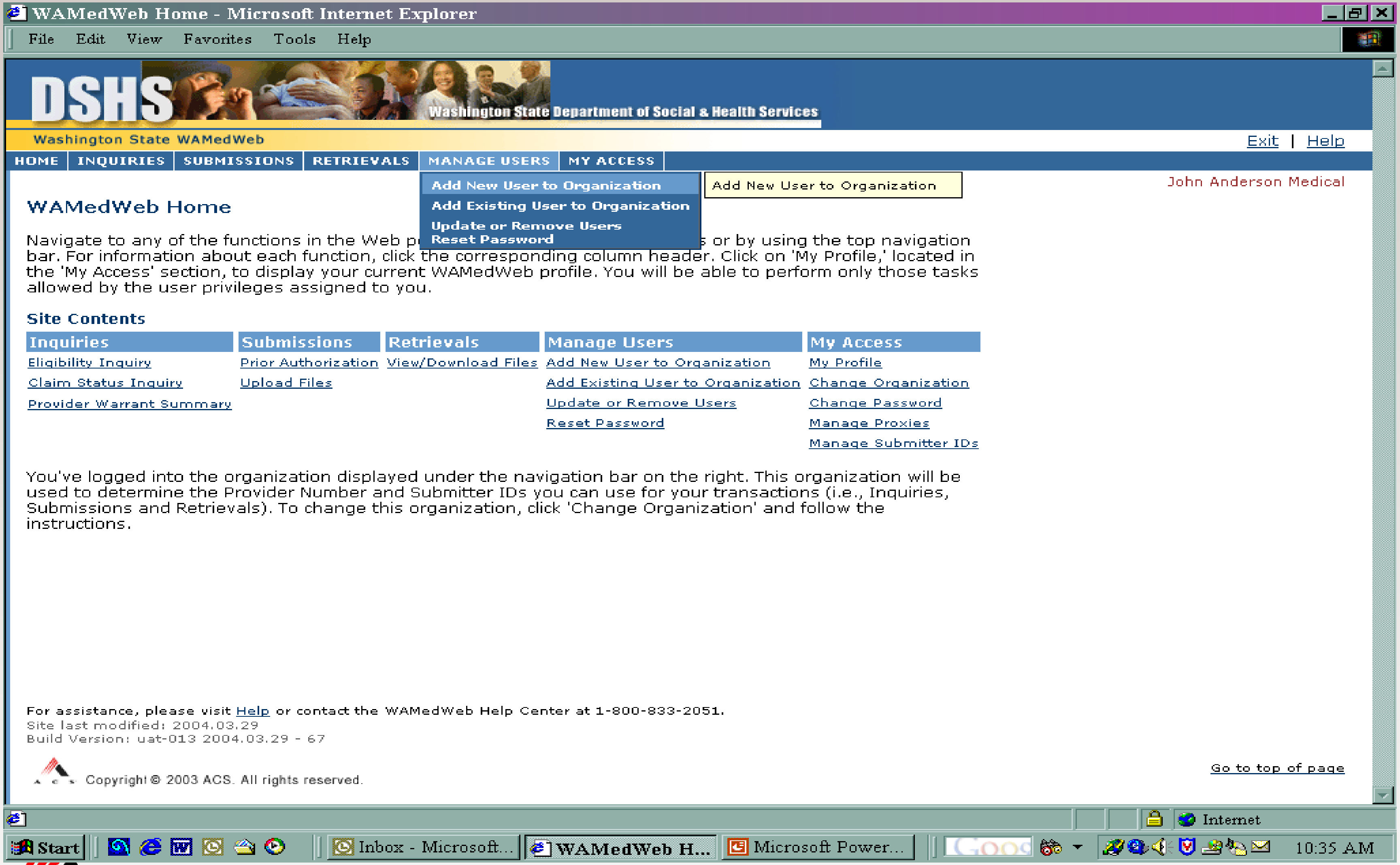
Manage Users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Microsoft Power...
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WAMedWeb Home

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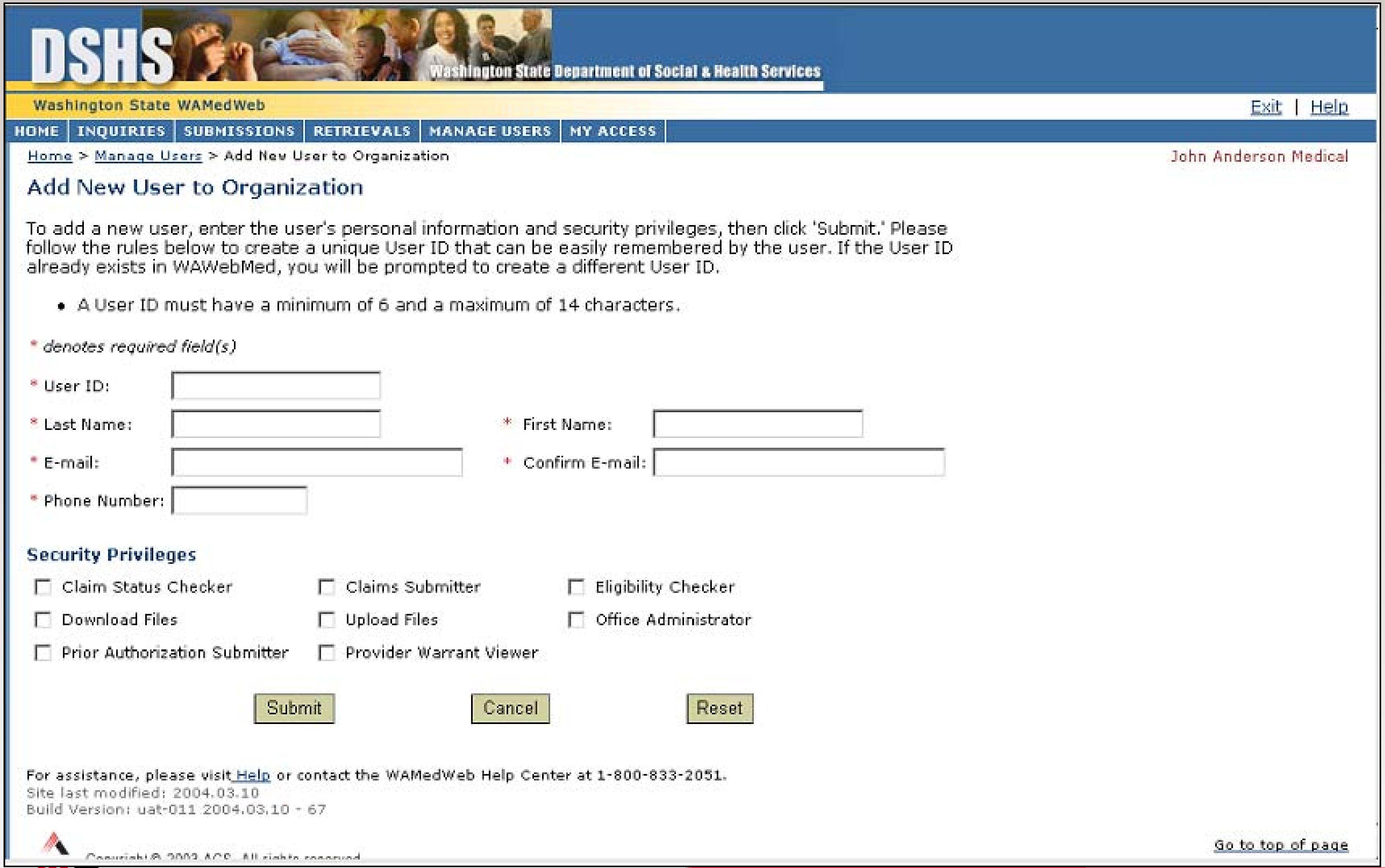
Add New User to Organization


DSHS
Washington State Department of Social & Health Services
Washington State WAMedWeb
Exit | Help
HOME
INQUIRIES
SUBMISSIONS
RETRIEVALS
MANAGE USERS
MY ACCESS

Home > Manage Users > Add New User to Organization

John Anderson Medical

Add New User to Organization

To add a new user, enter the user's personal information and security privileges, then click 'Submit.' Please follow the rules below to create a unique User ID that can be easily remembered by the user. If the User ID already exists in WAWebMed, you will be prompted to create a different User ID.

- A User ID must have a minimum of 6 and a maximum of 14 characters.

* *denotes required field(s)*

* User ID:

* Last Name: * First Name:

* E-mail: * Confirm E-mail:

* Phone Number:

Security Privileges

☐ Claim Status Checker ☐ Claims Submitter ☐ Eligibility Checker

☐ Download Files ☐ Upload Files ☐ Office Administrator

☐ Prior Authorization Submitter ☐ Provider Warrant Viewer

Submit
Cancel
Reset

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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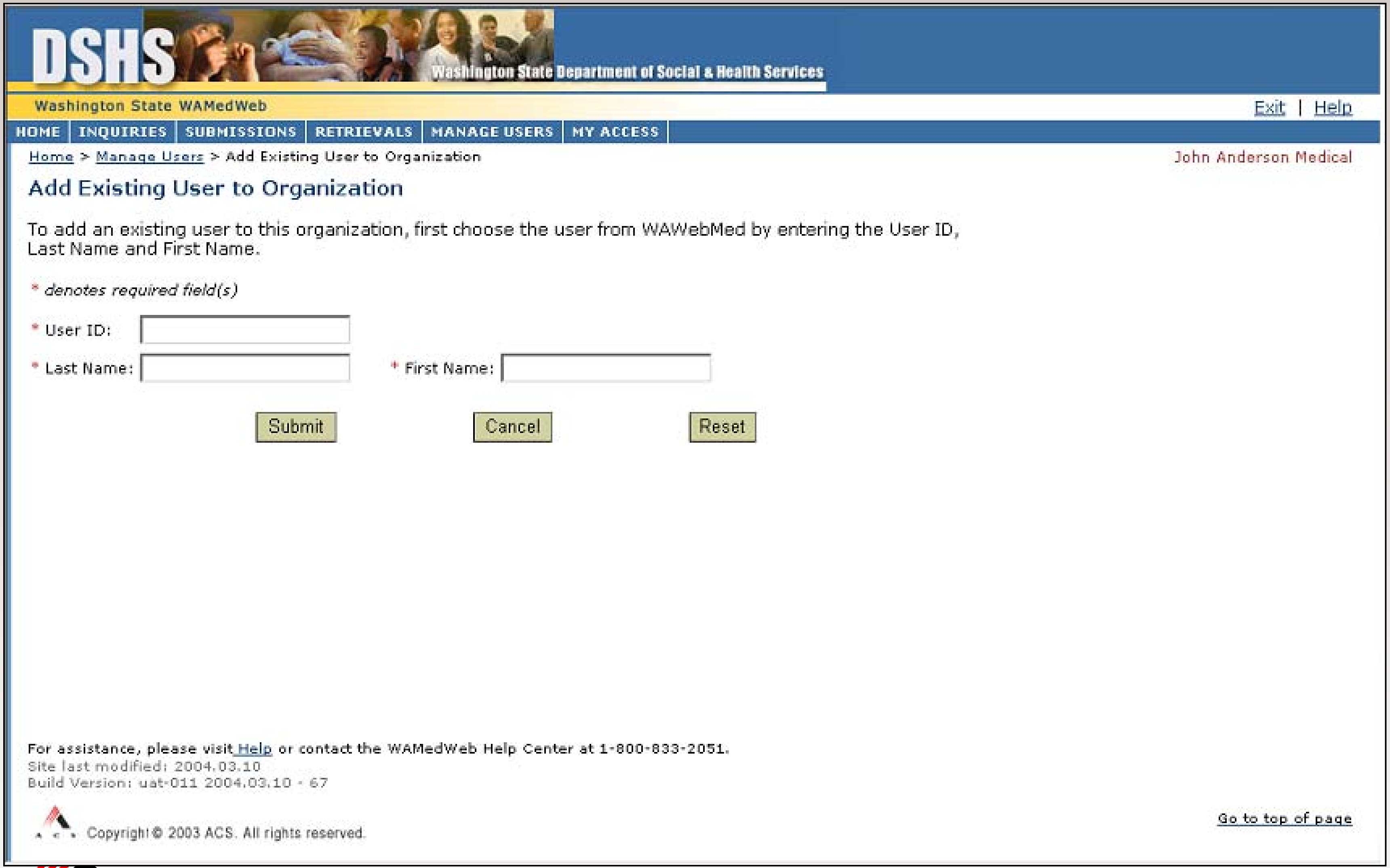
Add Existing User to Organization


DSHS
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Submit
Cancel
Reset
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Add Existing User to Organization

To add an existing user to this organization, first choose the user from WAWebMed by entering the User ID, Last Name and First Name.

* *denotes required field(s)*

* User ID:

* Last Name: * First Name:

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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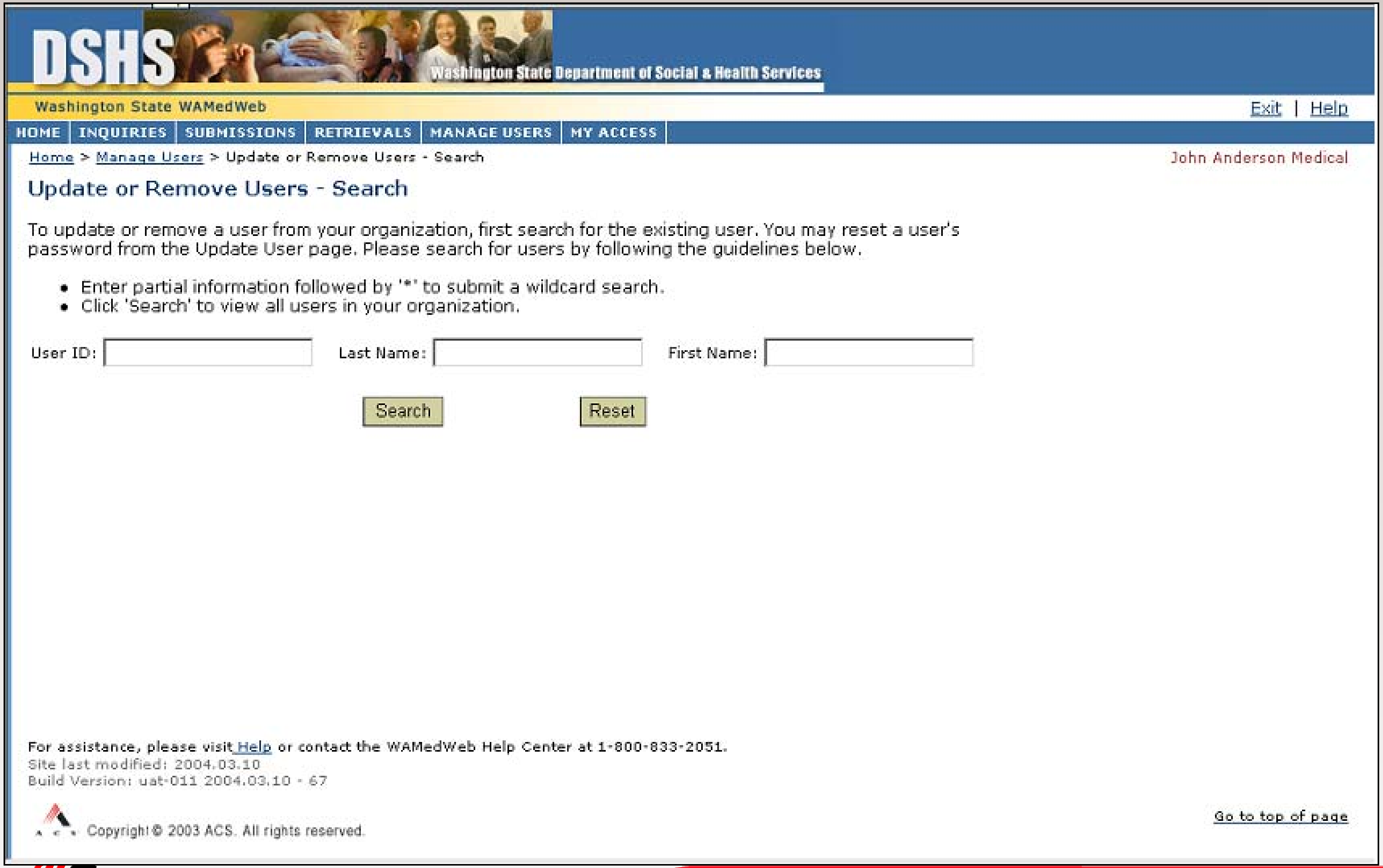
Update or Remove Users - Search


DSHS
Washington State Department of Social & Health Services
Washington State WAMedWeb
Exit | Help
HOME | INQUIRIES | SUBMISSIONS | RETRIEVALS | MANAGE USERS | MY ACCESS
Home > Manage Users > Update or Remove Users - Search
John Anderson Medical

Update or Remove Users - Search

To update or remove a user from your organization, first search for the existing user. You may reset a user's password from the Update User page. Please search for users by following the guidelines below.

- Enter partial information followed by '*' to submit a wildcard search.
- Click 'Search' to view all users in your organization.

User ID: ______ Last Name: ______ First Name: ______

Search
Reset

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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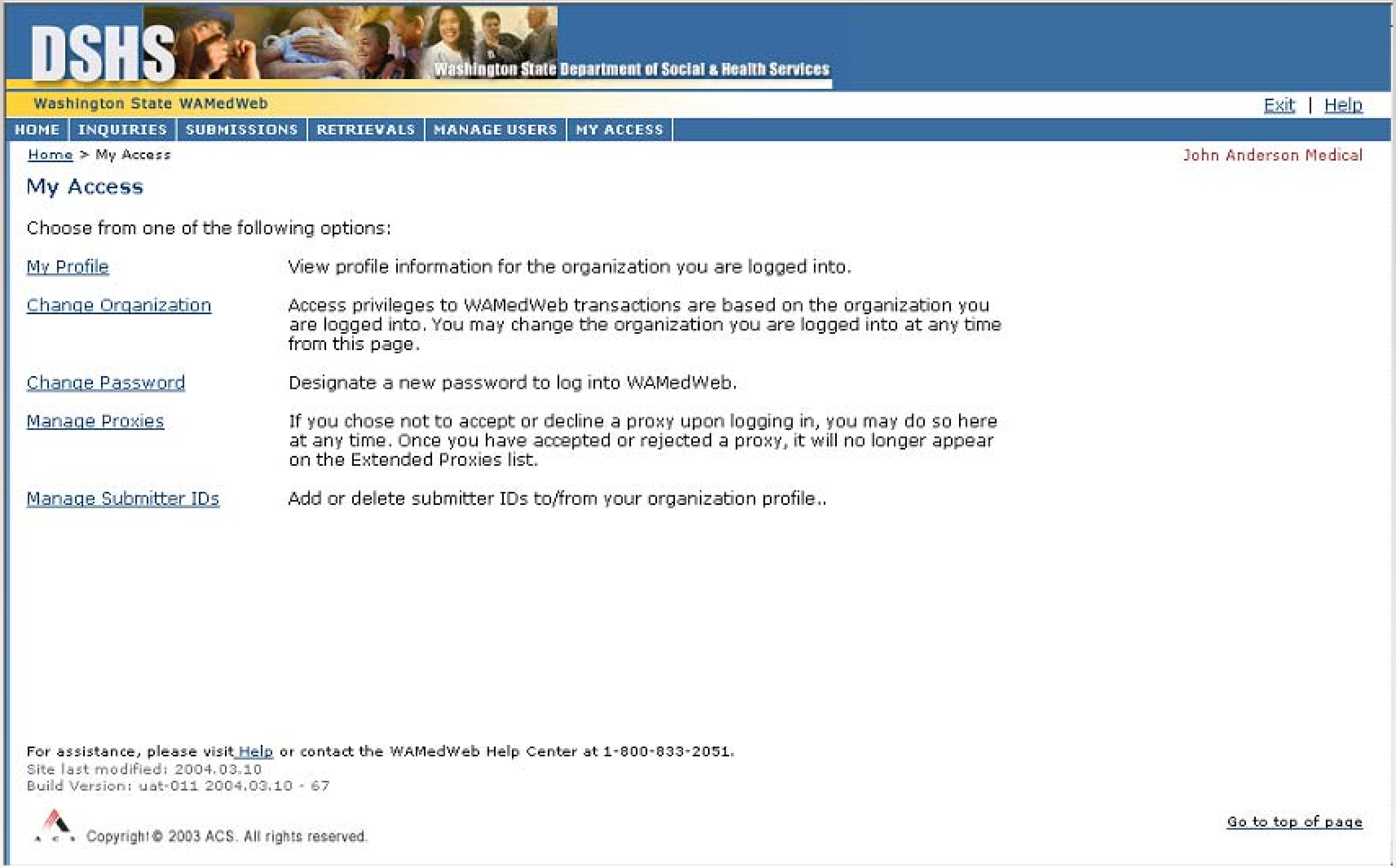
My Access


DSHS
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Home > My Access
John Anderson Medical

My Access

Choose from one of the following options:

My Profile	View profile information for the organization you are logged into.
Change Organization	Access privileges to WAMedWeb transactions are based on the organization you are logged into. You may change the organization you are logged into at any time from this page.
Change Password	Designate a new password to log into WAMedWeb.
Manage Proxies	If you chose not to accept or decline a proxy upon logging in, you may do so here at any time. Once you have accepted or rejected a proxy, it will no longer appear on the Extended Proxies list.
Manage Submitter IDs	Add or delete submitter IDs to/from your organization profile..

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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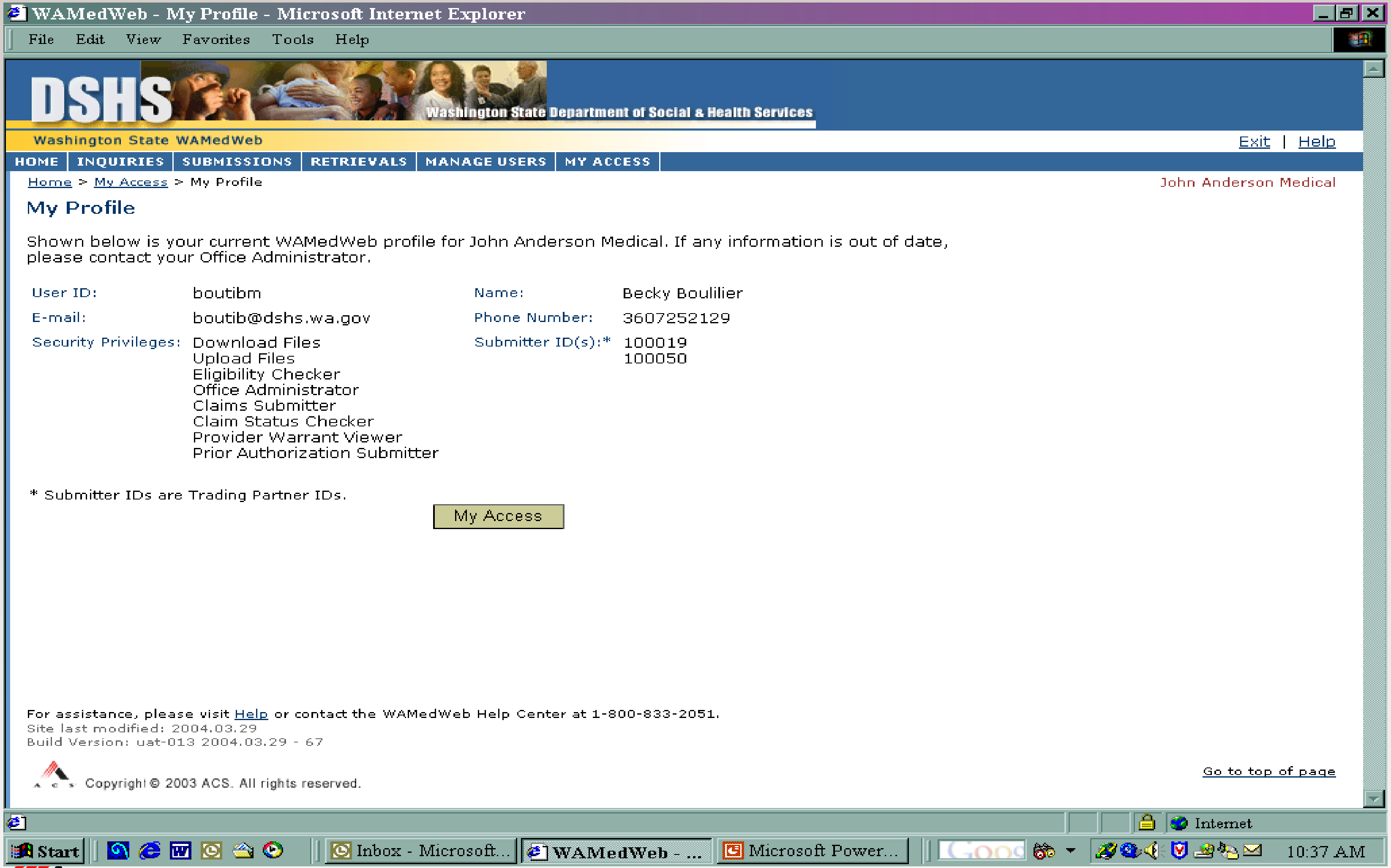
My Profile


WAMedWeb - My Profile - Microsoft Internet Explorer
File
Edit
View
Favorites
Tools
Help
DSHS
Washington State Department of Social & Health Services
Washington State WAMedWeb
Exit | Help
HOME
INQUIRIES
SUBMISSIONS
RETRIEVALS
MANAGE USERS
MY ACCESS
Home > My Access > My Profile
John Anderson Medical
My Access
Go to top of page
Internet
Start
Inbox - Microsoft...
WAMedWeb - ...
Microsoft Power...
10:37 AM

My Profile

Shown below is your current WAMedWeb profile for John Anderson Medical. If any information is out of date, please contact your Office Administrator.

User ID:	boutibm	Name:	Becky Boulilier
E-mail:	boutib@dshs.wa.gov	Phone Number:	3607252129
Security Privileges:	Download Files Upload Files Eligibility Checker Office Administrator Claims Submitter Claim Status Checker Provider Warrant Viewer Prior Authorization Submitter	Submitter ID(s):*	100019 100050

* Submitter IDs are Trading Partner IDs.

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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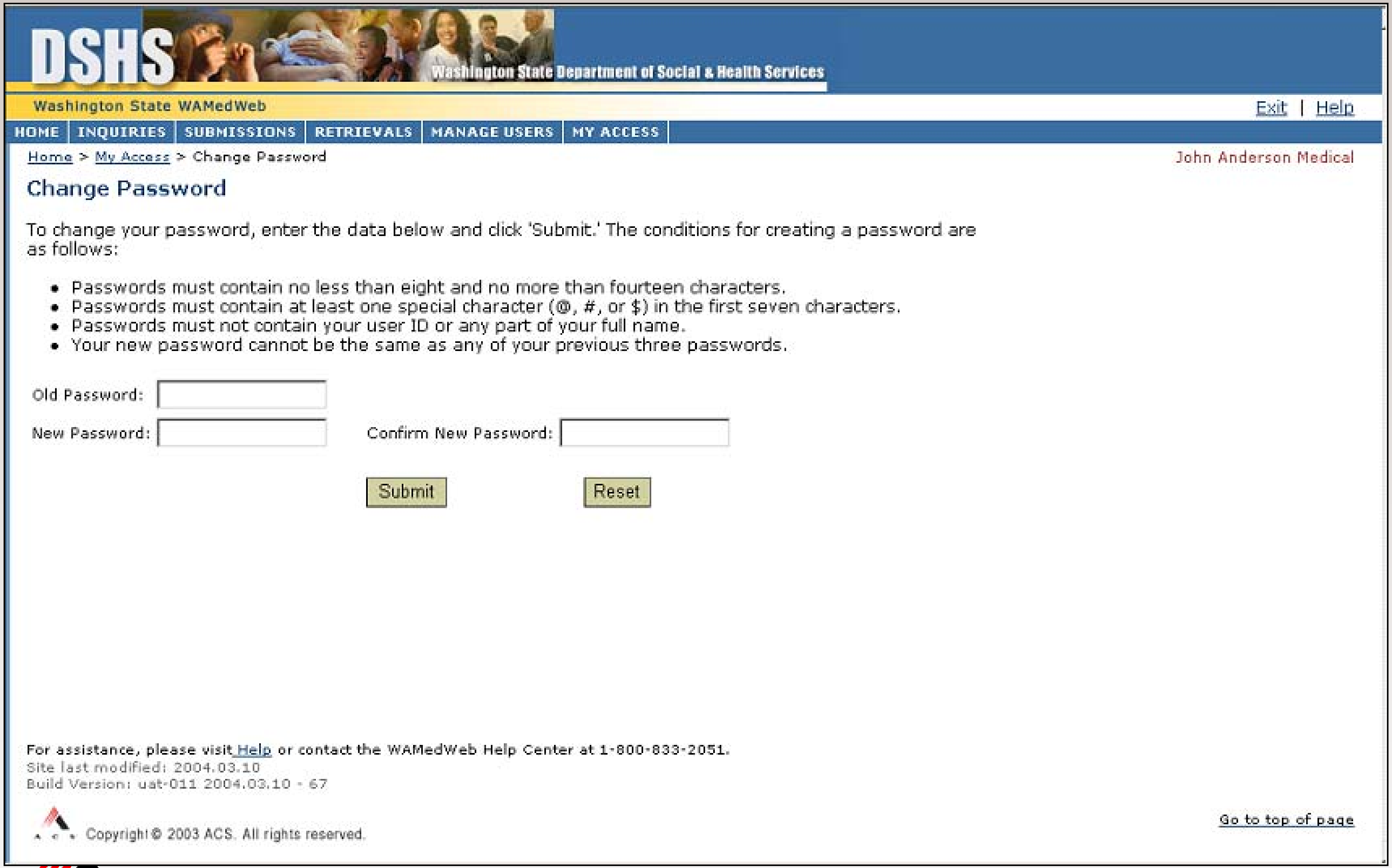
Change Password


DSHS
Washington State Department of Social & Health Services
Washington State WAMedWeb
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INQUIRIES
SUBMISSIONS
RETRIEVALS
MANAGE USERS
MY ACCESS
Home > My Access > Change Password
John Anderson Medical
Submit
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Change Password

To change your password, enter the data below and click 'Submit.' The conditions for creating a password are as follows:

- Passwords must contain no less than eight and no more than fourteen characters.
- Passwords must contain at least one special character (@, #, or $) in the first seven characters.
- Passwords must not contain your user ID or any part of your full name.
- Your new password cannot be the same as any of your previous three passwords.

Old Password:

New Password: Confirm New Password:

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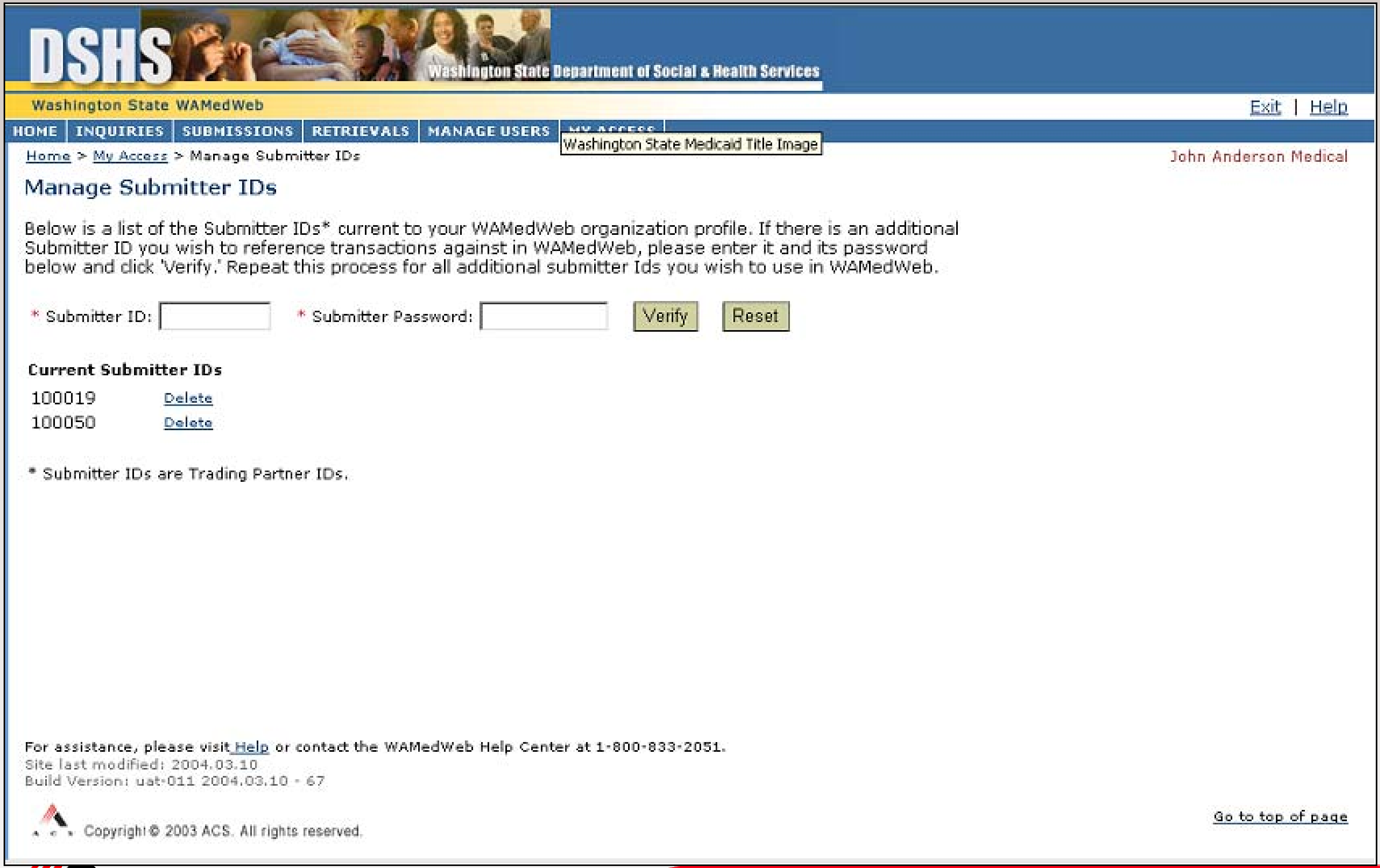
Manage Submitter IDs


DSHS
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Washington State WAMedWeb
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Washington State Medicaid Title Image
Verify
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Delete
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Home > My Access > Manage Submitter IDs

John Anderson Medical

Manage Submitter IDs

Below is a list of the Submitter IDs* current to your WAMedWeb organization profile. If there is an additional Submitter ID you wish to reference transactions against in WAMedWeb, please enter it and its password below and click 'Verify.' Repeat this process for all additional submitter Ids you wish to use in WAMedWeb.

* Submitter ID: ____ * Submitter Password: ____

Current Submitter IDs

100019 Delete
100050 Delete

* Submitter IDs are Trading Partner IDs.

For assistance, please visit Help or contact the WAMedWeb Help Center at 1-800-833-2051.
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QUESTIONS

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